## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

**Application or Docket Number** 10/596250

|                                                                          |                                                                                 | CLAIMS A                                  | as filed .                                                        | PART                              | ]                                     |                                              | <del></del> |                     |                        | <del></del> |                     | <del></del>            |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------|-----------------------------------|---------------------------------------|----------------------------------------------|-------------|---------------------|------------------------|-------------|---------------------|------------------------|
| (Column 1)                                                               |                                                                                 |                                           |                                                                   |                                   |                                       | (Column 2)                                   |             | SMALL EN            |                        | OR          | other<br>Small      |                        |
| บ.ย                                                                      | S. NATIONAL                                                                     | STAGE FEES                                | <u> </u>                                                          |                                   |                                       | <u>(                                    </u> |             | RATE                | FEE                    | ]           | RATE                | FEE                    |
| BASIC FEE                                                                |                                                                                 |                                           | SMALL ENT. = 8 150                                                |                                   | LĄR                                   | GE ENT. = \$ 300                             |             | BASIC FEE           |                        | OR          | BASIC FEE           | \ <u> </u>             |
| EXAMINATION FEE                                                          |                                                                                 |                                           | Satisfies PCT Article 33(1)-<br>(4) = \$ 50 / \$ 100              |                                   |                                       | ther situations = 3 100 / 8 200              |             | EXAM. FEE           |                        | 1           | EXAM. FEE           | 300                    |
| 8E/                                                                      | VRCH FEE                                                                        |                                           | U.S. is ISA = \$50/\$100<br>ALL other countries =<br>\$ 200/\$400 |                                   |                                       | ther situations = 3 250 / \$ 500             |             | SEARCH FEE          |                        |             | SEARCH FEE          | 200<br>400             |
| FEE                                                                      | FOR EXTRA S                                                                     | SPEC. PGS.                                | minus 100 =                                                       |                                   |                                       | /50 =                                        |             | X \$ 125 = .        |                        |             | X \$ 250 =          | 700                    |
| TO                                                                       | TAL CHARGEA                                                                     | BLE CLAIMS                                | 12 mi                                                             | nus 20 =                          | ٠                                     | _ :                                          |             | X \$ 25 =           |                        | OR          | X \$ 50 =           |                        |
| IND                                                                      | EPENDENT CL                                                                     | AIMS                                      | ) m                                                               | inus 3 =                          | a -                                   | _                                            |             | X \$ 100 =          | <br>                   | OR          | X \$ 200 =          | 1                      |
| MULTIPLE DEPENDENT CLAIM PRESENT                                         |                                                                                 |                                           |                                                                   |                                   |                                       |                                              |             | + \$ 180 =          |                        | OR          | + \$ 360 =          |                        |
| o If the difference in column 1 is less than zero, enter "0" in column 2 |                                                                                 |                                           |                                                                   |                                   |                                       |                                              | ט ני        | TOTAL               |                        | OR          | ŤOTAL               | 900                    |
|                                                                          | CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS   HIGHEST |                                           |                                                                   |                                   |                                       |                                              |             | SMALL E             |                        | OR          | OTHER<br>SMALL I    |                        |
| AMENDMENT A                                                              | :                                                                               | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                                                   | HIGH<br>NUM<br>PREVIO<br>PAID     | BER<br>DUSLY                          | PRESENT<br>EXTRA                             |             | RATE                | ADDI-<br>TIONAL<br>FEE |             | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                          | Total                                                                           | <b>*</b>                                  | Minus                                                             | o o                               |                                       | =                                            |             | X \$ 25 =           | -                      | OR          | X \$ 50 =           |                        |
|                                                                          | Independent                                                                     | ¢                                         | Minus                                                             | ***                               | · · · · · · · · · · · · · · · · · · · | =                                            |             | X \$ 100 =          | <u></u>                | OR-         | X \$ 200 =          |                        |
|                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                  |                                           |                                                                   |                                   |                                       |                                              |             | + \$ 180 =          |                        | OR          | + <b>\$</b> 360 =   |                        |
|                                                                          |                                                                                 |                                           |                                                                   |                                   | <del></del>                           |                                              |             | TOTAL ADDIT.<br>FEE |                        | or          | TOTAL ADDIT.        | - <del></del>          |
| (Column 1) (Column 2) (Column 3)                                         |                                                                                 |                                           |                                                                   |                                   |                                       |                                              |             |                     |                        |             |                     |                        |
| AMENDMENT B                                                              |                                                                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                                                   | HIGHI<br>NUME<br>PREVIO<br>PAID ( | BER<br>USLY                           | PRESENT<br>EXTRA                             |             | RATE                | ADDI-<br>TIONAL<br>FEE |             | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                          | Total                                                                           | ¢ .                                       | Minus                                                             | άά                                |                                       | =                                            |             | X \$ 25 =           |                        | OR          | X \$ 50 =           |                        |
|                                                                          | Independent                                                                     | a ·                                       | Minus                                                             | <del>ani</del>                    |                                       | =                                            |             | X \$ 100 =          |                        | OR          | X \$ 200 =          |                        |
|                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                  |                                           |                                                                   |                                   |                                       |                                              |             | + \$ 180 =          |                        | OR          | + \$ 360 =          |                        |
|                                                                          |                                                                                 |                                           |                                                                   |                                   |                                       |                                              |             | TOTAL ADDIT.<br>FEE |                        | or          | TOTAL ADDIT.<br>FEE |                        |
|                                                                          |                                                                                 |                                           |                                                                   |                                   |                                       |                                              |             | ,                   |                        |             |                     |                        |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

"" the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.